

Employment Application



Town of Whitestown

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Title: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: () _____

Address: _____

List three Personal References that are not related or previous employers.

Full Name: _____ Phone Number: (____) _____

Address: _____

How known and # of years: _____

Full Name: _____ Phone Number: (____) _____

Address: _____

How known and # of years: _____

Full Name: _____ Phone Number: (____) _____

Address: _____

How known and # of years: _____

Employment Record for Last Five Years – Start with Current or Last Employer

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

If current, may we contact your supervisor for a reference? YES ☐ NO ☐ If previous, may we contact your supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ If more room is needed, use the back of this Application and please check here: ☐

Additional Qualifications:

It is sometimes difficult on an application to summarize all information that may be necessary to describe your full qualifications. Please use the space below to add any information you would like to include. List any special training, certifications or licenses that may be of benefit to the position applied for.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that, to the best of my knowledge and belief, all of the information on and or attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information supplied on or with this application may be grounds for denial of employment and may be punishable by fine or imprisonment.

Signature: _____ Date: _____

Whitestown offers equal opportunities to all applicants. We are committed to equitable and fair procedures without regard to race, sex, age, disability, religion, national origin, marital status or sexual orientation. No question on this application is intended to secure information to be used for any discriminatory purpose. A pre-employment drug test and or a physical abilities test can be required by Whitestown as part of my interviewing process. This will be paid for by the town and my initials here indicate that I am aware of these requirements. Initials: _____

Office Use Only:

Date Recd: _____ Reviewed by: _____ Dept: _____

Action Taken: _____

Comments: _____